

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015413

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2104

STATE FILE NUMBER

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in
5 years 4 mo.c. CITY
OR TOWN IndependenceInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3401 N. PleasantReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
SHELLIE CLIFTON PRESTON4. DATE OF DEATH Month Day Year
April 15, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-25-919. AGE (last birthday)
70IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Highway Dept. Laborer10b. KIND OF BUSINESS OR INDUSTRY
Civic Enterprise11. BIRTHPLACE (City and state or country)
Cainsville, Missouri12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
John Preston13b. MOTHER'S MAIDEN NAME
Hulda Rector14. NAME OF HUSBAND OR WIFE
Doris Preston15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
Yes WWI16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT Address
VA Hospital Records.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Infarction of small intestine

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Occlusion of superior mesenteric artery

DUE TO (c) Atherosclerosis of aorta, marked

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diabetes mellitus, hypertensive cardiovascular disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 23, 1961 to April 15, 1962 and last saw him alive on
Death occurred at 5:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

S. H. CHOY S. H. CHOY M. D.

VA Hospital, Kansas City, Mo.

4-15-62

23a. BURIAL CREMATION,
REMOVAL (Specify)
Removal23b. DATE
4-16-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)
Cainsville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Stoklasa Funeral Home Cainseville, Mo

4-16-62

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2 70045

3

4 0

5 1

6

7 0

8 1

9 443 X

10

11

12 760

13

MAY 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidmon

Licensed Embalmer No.

4531

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.